PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037

APPLICATION N	NO. FILIN	FILING DATE FIR		ST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/506,536 09/03/2004		3/2004	Kousuke TANI		Q83408		1208		
TITLE OF INVENTIO	ON: 8-AZAPROSTA	AGLANDIN DERIVAT	IVE COMPOUN	D AND AGEN	COMPRISING THE	E COMPOUND A	S ACTIVE INGR	LEDIENT	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICAT FEE	ION PREV	PAID ISSUE FEE	TOTAL FEE(S) DATE DU DUE		E DUE	
nonprovisional	NO	\$1440.00	\$300.00)	\$0.00	\$1,740.00	06/0	7/2008	
EXAMINER			ART UNI	T CLA	CLASS-SUBCLASS				
Sı	usannah Lee CHUNG	G ·	1626						
1. Change of correspon	dence address or ind	ication of "Fee Address"	(37 CFR 1.363	2. For printing	on the patent front pa	age list 1	Sughrue Mion,	PLLC	
☐ Change of correspon PTO/SB/122) attached		ered patent							
☐ "Fee Address" indic 03-02 or more recent)									
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PRINTE	D ON THE PAT		/pe)				
PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIG ONO PHARMACEUT	in 37 CFR 3.11. Co NEE	ntified below, no assign mpletion of this form is (B) RESIDENCE Osaka, Ja	NOT a substitute (CITY and STA	for filing an ass	signment.	ntified below, the	document has be	en filed for	
Please check the appropriate the propriate that the	priate assignee categ	ory or categories (will n	ot be printed on t	he patent): 🗖 In	dividual ☑ Corporatio	on or other private	group entity 🗆 C	Sovernment	
4a. The following fee(s) are submitted:		4b. Paymer	nt of Fee(s): (Plo	ease first reapply any	previously paid	issue fee shown	above)	
☑ Issue Fee	☐ A check	☐ A check is enclosed.							
☑ Publication Fee (No		nt permitted)	-	Payment by credit card. Form 1310-2038 is attached.					
☐ Advance Order - # o	overpayme	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).							
				USPTO is directed and authorized to charge all required fees to Deposit Account No. 2. Please also credit any overpayments to said Deposit Account.					
5. Change in Entity Sta		•							
a. Applicant claims					r claiming SMALL El				
		apply the Issue Fee and I							
		if required) will not be a the United States Patent			the applicant; a regist	ered attorney or ag	gent; or the assign	ee or other	
Authorized Signature		Susan JM	ack	Date		June 6, 200	18		
Typed or Printed Name	ş. <u> </u>	Susan J. Mack		Registration N	63/63/68	8 AUDI30.951 002		10506536	
Modified PTOL-85 (Re	ev. 08/07) Approved	for use through 08/31/2	010			1440.6	3 10		
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PART B - FEE(S) TRANSMITTAL

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Modified PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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APPLICATION N	APPLICATION NO. FILING DATE		FIRST NAMED IN	VENTOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.					
10/506,536		09/03/2004			O83408		1208					
10/300,330	07/0.		Kousuke TA	• • •	2021		1200					
TITLE OF INVENTION: 8-AZAPROSTAGLANDIN DERIVATIVE COMPOUND AND AGENT COMPRISING THE COMPOUND AS ACTIVE INGREDIENT												
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICAT FEE	ION PREV.	PAID ISSUE FEE	TOTAL FEE(DUE	S) DATE DUE					
nonprovisional	NO	\$1440.00	\$300.00	1	\$0.00	\$1,740.00 06/07/2008						
	EXAMINER		ART UNI	T CLA	SS-SUBCLASS							
Su	sannah Lee CHUNG	6	1626	-								
1. Change of correspond	dence address or indi	cation of "Fee Addr	ress" (37 CFR 1.363	2. For printing	on the patent front pa	age list l	Sughrue Mion, PLLC					
☐ Change of correspon PTO/SB/122) attached.	dence Address form	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2										
"Fee Address" indic 03-02 or more recent)		names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be										
printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)												
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.												
(A) NAME OF ASSIG	NEE	(B) RESIDEN	ICE: (CITY and STA	TE OR COUNT	TRY)							
ONO PHARMACEUTICAL CO., LTD. Osaka, Japan												
. Please check the approp	oriate assignee categ	ory or categories (w	ill not be printed on t	he patent): 🗆 In	dividual 🗹 Corporati	on or other private	e group entity Government					
4a. The following fee(s) are submitted:			4b. Payme	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
· ☑ Issue Fee			☐ A check	☐ A check is enclosed.								
☑ Publication Fee (No	small entity discoun	t permitted)	☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.								
☐ Advance Order - # of Copies				☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).								
	☑ The USPTO is directed and authorized to charge all required fees to Deposit Accountage 19-4880. Please also credit any overpayments to said Deposit Account.											
5. Change in Entity Sta	-	•										
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).												
							application identified above.					
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.												
Authorized Signature		Susan Mark			Date -		June 6, 2008					
Typed or Printed Name		usan J. Mack		Registration No. 30,951								